

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.										
1. CONTRACT/PURCH ORDER NO. N00383-03-G-044B			2. DELIVERY ORDER NO. UB2W		3. DATE OF ORDER (YYMMDD) 2004 JAN 07		4. REQUISITION/PURCH REQUEST NO. YPE03330000220		5. PRIORITY DOA7	
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCLMU (614)692-1614 / FAX: (614)692-6933 E-mail: Jamie.Wiebusch@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0101A CMDR DCMC BIRMINGHAM 1910 3RD AVE., N., SUITE 201 BIRMINGHAM AL 35203-2376 CRITICALITY: C				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR CODE 62983 EATON AEROSPACE LLC VICKERS FLUID POWER 5353 HIGHLAND DRIVE JACKSON MS 39206-3449				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 180 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS				12. DISCOUNT TERMS 00.500% 10 days, NET 30 days		13. MAIL INVOICES TO See Block 15				
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0338 HQ0338 DFAS COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P O BOX 182264 COLUMBUS OH 43218-2264 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 DEC 05, S48223-20 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150										
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY ORDERED/ACCEPTED* 21. UNIT 22. UNIT PRICE 23. AMOUNT										
<div style="display: flex; justify-content: space-between;"> <div> Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. </div> <div> TOTAL: 7 </div> </div>										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				24. UNITED STATES OF AMERICA Jamie Wiebusch PCCCLMU BY:		25. TOTAL \$ 3667.16 29. DIFFERENCE 30. INITIALS				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY 33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER 35. BILL OF LADING NO.				
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		
40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.						

CONTINUATION SHEET	Order Number: N00383-03-G-044B-UB2W	PAGE 2	OF PAGES 4
<p>TERMS AND CONDITIONS ARE IN ACCORDANCE WITH THE BASIC ORDERING AGREEMENT N00383-03-G-044B.</p>			

CONTINUATION SHEET

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SECTION B

PR YPE03330000220
NSN 5945-01-150-5470

ITEM DESCRIPTION:

SOLENOID,ELECTRICAL

CRITICAL APPLICATION ITEM

EATON AEROSPACE LLC VICKERS FLUID (62983) P/N 429663

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE03330000220	0001	7	EA	\$523.88000	\$3667.16

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = O:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BCl.

DELIVER FOB: ORIGIN BY: 2004 JUL 05

PARCEL POST/FREIGHT ADDRESS:

SW3122
DEF DIST DEPOT JACKSONVILLE
BLDG 175 SWAN ROAD
NAS JACKSONVILLE FL 32212-0103

CONTINUED ON NEXT PAGE

SECTION B

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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